

# TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity)

Docket No.  
A-1697DIV3

Applicant(s) **Rapoport, Basil**

Serial No.  
08/482,402

Filing Date  
6/7/95

Examiner  
Ungar, Susan Nmn

Group Art Unit  
1642

Batch No.  
2315

Invention:

**DISEASE ASSOCIATED HUMAN AUTOANTIBODIES SPECIFIC FOR HUMAN THYROID PEROXIDASE**

## TO THE ASSISTANT COMMISSIONER FOR PATENTS

**Washington, D.C. 20231**

**Attention: Box Issue Fees**

Transmitted herewith are the following for the above-identified application.

☒ Issue Fee Transmittal Form PTOL-85

☒ Utility Fee: **\$ 1280.00** ☐ Design Fee: ☐ Plant Fee:

☐ A check in the amount of is attached.

☒ The Assistant Commissioner is hereby authorized to charge and credit Deposit Account No. **13-5135** as described below. A duplicate copy of this sheet is enclosed.

- ☒ Charge the amount of
- ☒ Credit any overpayment.
- ☒ Charge any additional fee required.

*Donald E. Stout*  
Signature

Dated:

*7/12/02*

I certify that this document and fee is being deposited on July 18, 2002 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

*Andrea Uxa*

Signature of Person Mailing Correspondence

Andrea Uxa

Typed or Printed Name of Person Mailing Correspondence

CC:

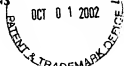
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Box ISSUE FEE  
Commissioner for Patents  
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Fax (703)746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address, and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Name: Legibly mark-up, do not obliterate or use Block 1)  
7390  
05/01/2002

DONALD E. STOUT  
STOUT UXA BUYEN & MULLINS  
4 VENTURE, SUITE 300  
IRVINE, CA 92618



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Andrea Uxa (Depositor's name)  
Andrea Uxa (Signature)  
July 18, 2002 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/482,402	06/07/1995	BASIL RAPOPORT	102105.151CI	2315

TITLE OF INVENTION: DISEASE ASSOCIATED HUMAN AUTOANTIBODIES SPECIFIC FOR HUMAN THYROID PEROXIDASE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1280	\$0	\$1280	08/01/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
UNGAR, SUSAN NMN	1642	435-007100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered agent or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Stout, Uxa, Buyen & Mullins

Donald E. Stout

Kreg S. Hollinger

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Quest Diagnostics Investments, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)  
Wilmington, Delaware

Please check the appropriate assignee category or categories (will not be printed on the patent)

4a. The following fee(s) are enclosed:

☒ Issue Fee

☐ Publication Fee

☐ Advance Order - # of Copies

4b. Payment of Fee(s):

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Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

Donald E. Stout (Date) 7/17/02

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

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PTOL-85 (REV. 04-02) Approved for use through 01/31/2004. OMB 0651-0033

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